

FIG. 1

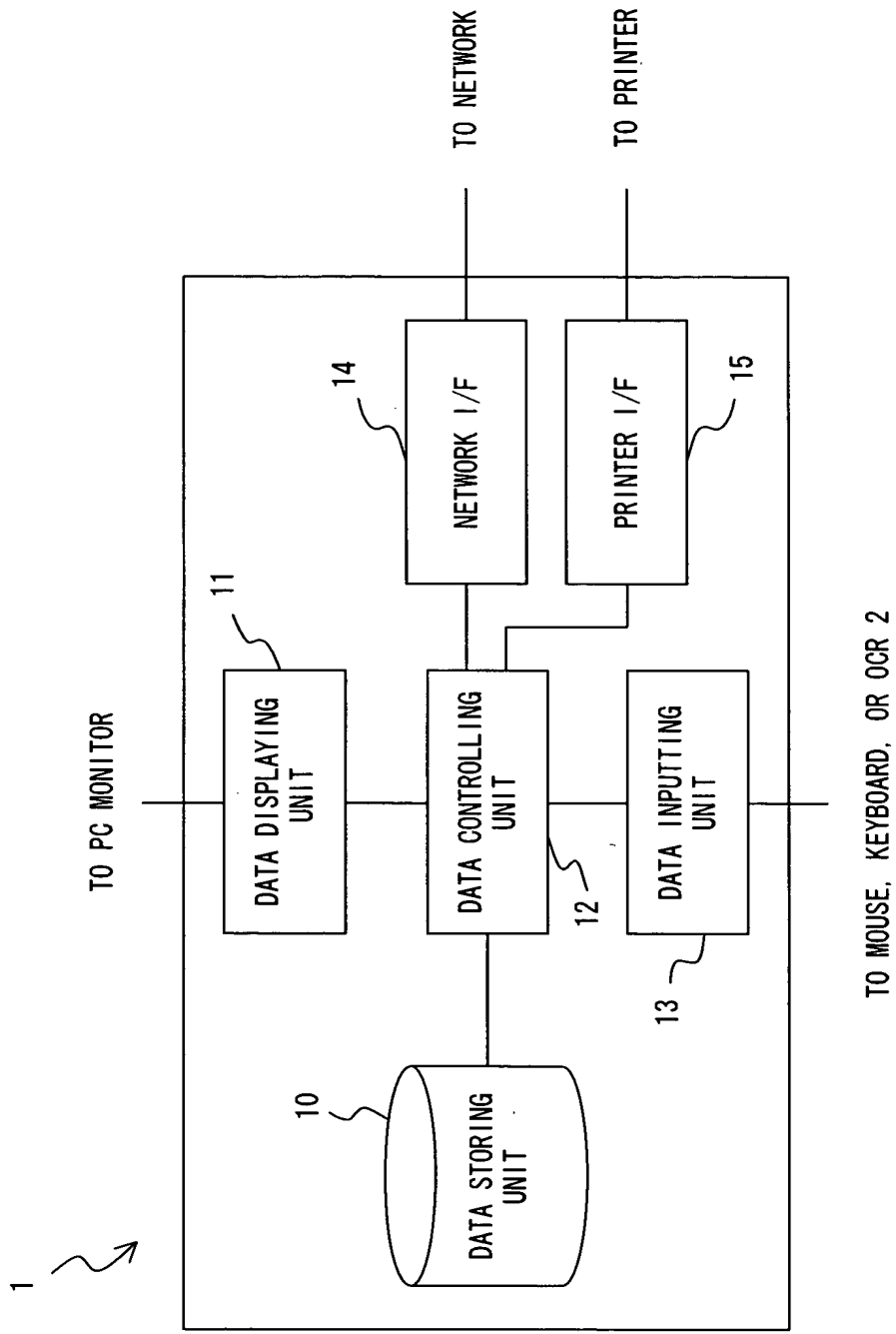


FIG. 2

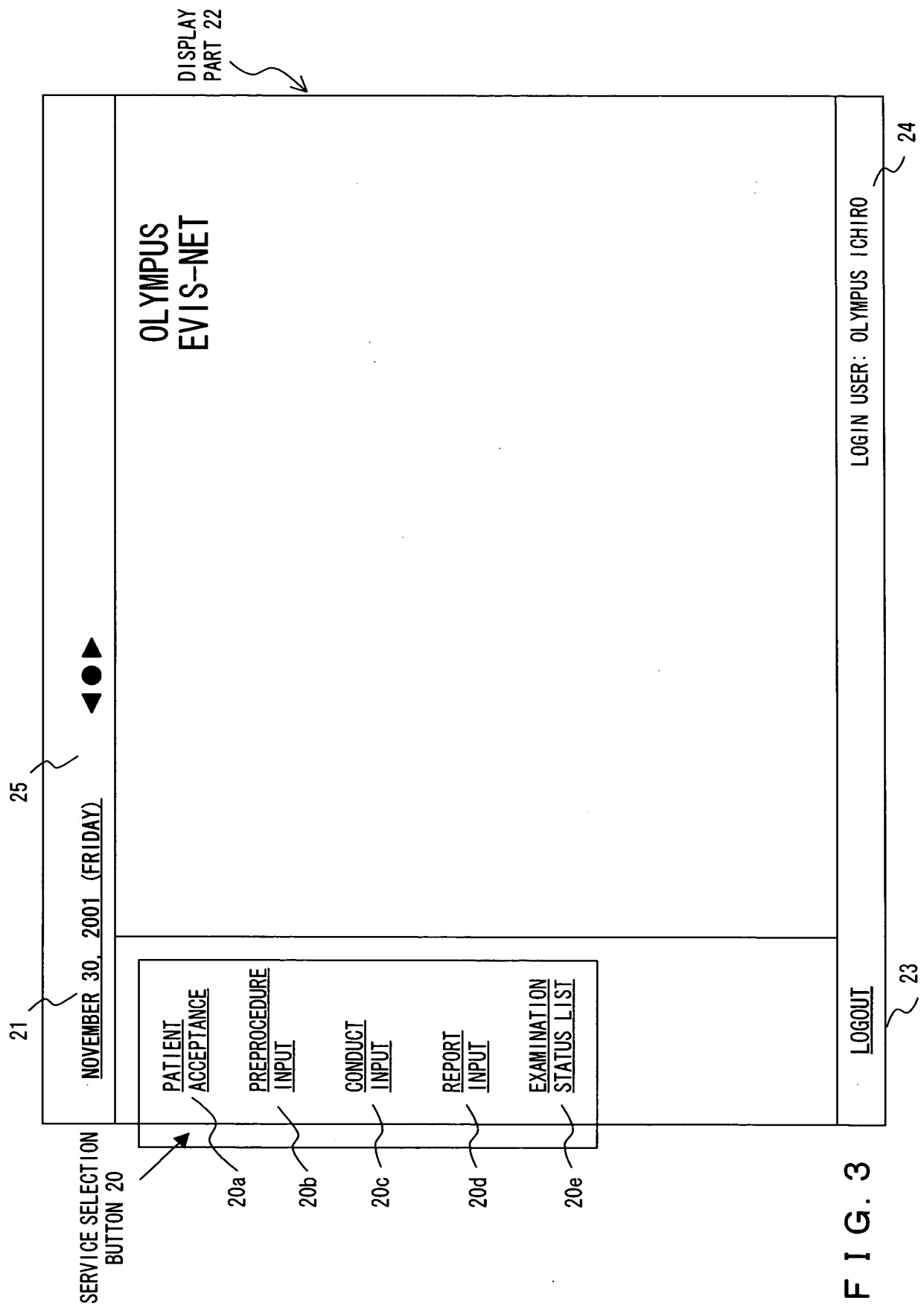


FIG. 3

<u>PREPROCEDURE INPUT</u>																	
<p>PATIENT INFORMATION 30</p> <p>0244217 OLYMPUS TARO 1941/10/01 (AGE 59) M OUTPATIENT</p> <p style="text-align: center;"><u>PATIENT PROFILE</u></p> <p>EXAMINATION INFORMATION 30a</p> <p>EXAMINATION TYPE: UPPER PORTION ENDOSCOPY EXAMINATION ITEM: ESOPHAGAS, STOMACH AND DUODENUM ENDOSCOPY (GIF- REQUESTED DISEASE NAME: 31</p> <p>EXAMINATION CONDUCT DATE AND TIME: 2002/03/28 (10:00) REQUESTED DEPARTMENT: ORDER VIEWER DEPARTMENT REQUESTED DOCTOR: OLYMPUS JIRO</p> <p style="text-align: center;"><u>ORDER INFORMATION DETAILS</u></p> <p>TO CONDUCT INPUT 40</p>	<p>ORDER NOTES 33</p> <p><input checked="" type="checkbox"/> PREPROCEDURE ABNORMALITY OCCURRENCE 34</p> <p>BUSCOPAN DOES NOT WORK</p> <p>PREVIOUS HISTORY 35</p> <p> 36</p> <hr/> <p>NOTES</p> <p><input type="checkbox"/> XYLOCAINE <input type="checkbox"/> BUSCOPAN <input type="checkbox"/> ENLARGED PROSTATE <input type="checkbox"/> HEART DISEASE <input type="checkbox"/> GLAUCOMA <input type="checkbox"/> DIABETES <input type="checkbox"/> ANTICOAGULANT PLATELET THERAPY</p> <p>PREPROCEDURE PERFORMANCE CONTENTS 37</p> <p>INSTRUCTING DOCTOR: OLYMPUS ICHIRO 38a PERFORMING PERSON: OLYMPUS ICHIRO 38d</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">DRUG NAME</th> <th style="width: 10%;">AMOUNT</th> <th style="width: 30%;">PERFORMING PERSON</th> <th style="width: 30%;">PERFORMANCE TIME</th> </tr> </thead> <tbody> <tr> <td>GASCON DROP 2cc</td> <td>2cc</td> <td>OLYMPUS</td> <td>9 : 50</td> </tr> <tr> <td>BUSCOPAN 1A</td> <td>1A</td> <td>OLYMPUS</td> <td>10 : 30</td> </tr> <tr> <td>GLUCAGON G/NOVO</td> <td>1mg</td> <td>OLYMPUS</td> <td>10 : 45</td> </tr> </tbody> </table> <p style="text-align: center;"><u>REGISTRATION</u></p> <p>LOGIN USER: OLYMPUS ICHIRO 42</p>	DRUG NAME	AMOUNT	PERFORMING PERSON	PERFORMANCE TIME	GASCON DROP 2cc	2cc	OLYMPUS	9 : 50	BUSCOPAN 1A	1A	OLYMPUS	10 : 30	GLUCAGON G/NOVO	1mg	OLYMPUS	10 : 45
DRUG NAME	AMOUNT	PERFORMING PERSON	PERFORMANCE TIME														
GASCON DROP 2cc	2cc	OLYMPUS	9 : 50														
BUSCOPAN 1A	1A	OLYMPUS	10 : 30														
GLUCAGON G/NOVO	1mg	OLYMPUS	10 : 45														

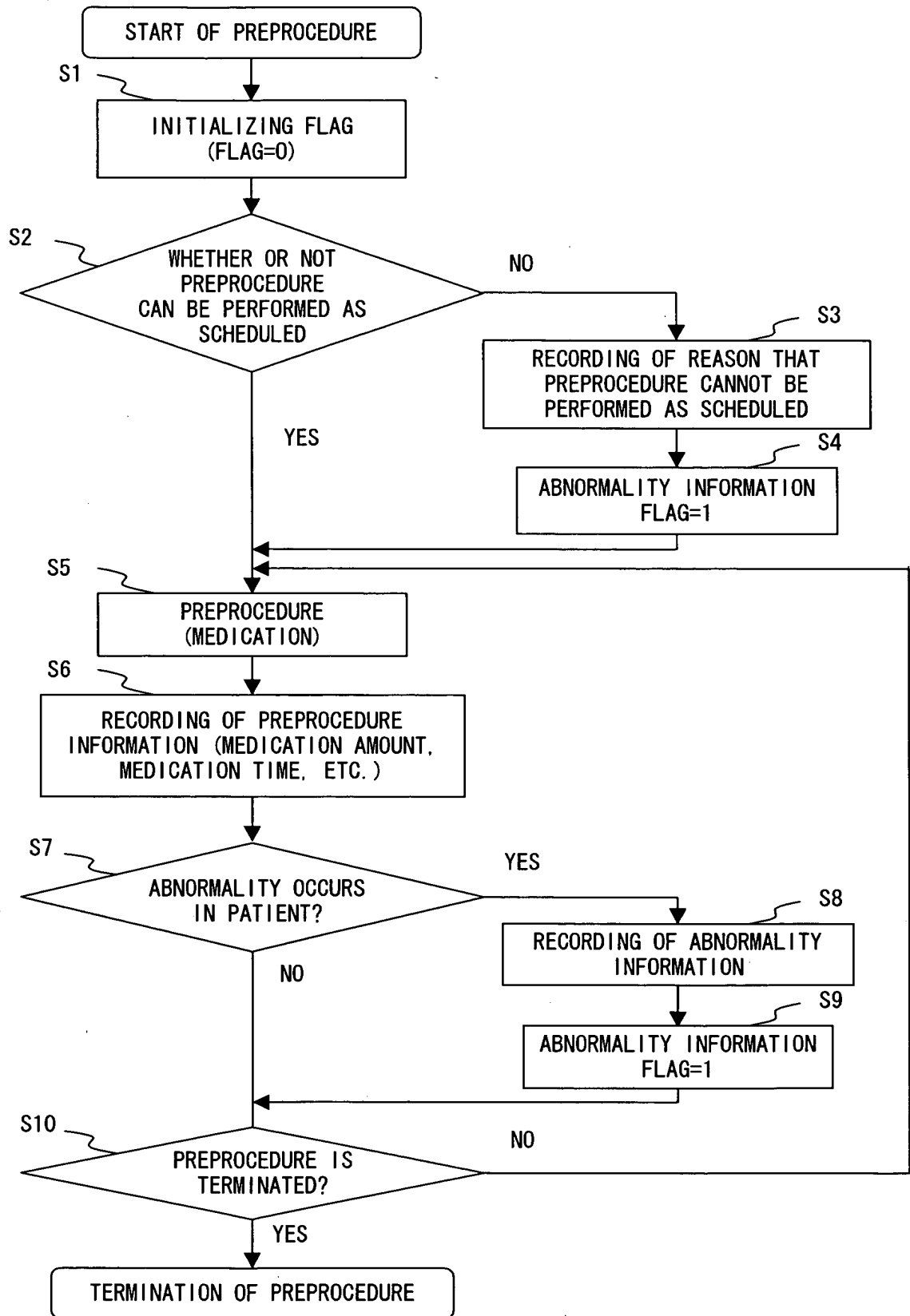


FIG. 5

BASIC PATIENT INFORMATION

PATIENT INFORMATION
 PATIENT ID 0244217 PATIENT NAME IN KANA OLYMPUS TARO SEX M
 DATE OF BIRTH 1941/10/01 AGE 59 INPATIENT/OUTPATIENT DISTINCTION OUTPATIENT
 PATIENT NAME OLYMPUS TARO HOSPITAL WARD

ORDER INFORMATION
 EXAMINATION TYPE UPPER PORTION ENDOSCOPY
 EXAMINATION ITEM UPPER PORTION ENDOSCOPY (FOR THOROUGH CHECKUP)

CONDUCT INFORMATION
 CONDUCT DATE MARCH 7, 2001 CONDUCT TIME 10:41
 CONDUCT REGISTRATION 52a
 RESPONSIBLE DOCTOR DOCTOR
 ASSISTING PERSON
 NURSE
 SCOPE NUMBER
 ROOM NUMBER EXAMINATION ROOM 6

PREPROCEDURE PERFORMANCE
 NOTES
☐ XYLOCAINE SHOCK ☐ BUSCOPAN SHOCK ☐ ENLARGED ☐ HEART
☐ GLAUCOMA ☐ DIABETES ☐ ANTICOAGULANT PLATELET

PERFORMANCE ITEM	AMOUNT USED	PERFORMANCE TIME	PERFORMANCE PLACE	PERFORMING PERSON
V GASCON DROP	2cc	9:50	PREPROCEDURE ROOM	OLYMPUS ICHIRO
V BUSCOPAN	1A	10:30	PREPROCEDURE ROOM	OLYMPUS ICHIRO

 PREPROCEDURE RESULT 56
☒ ABNORMALITY OCCURRENCE 57
☐ BUSCOPAN DOES NOT WORK 58
 VERIFICATION BEFORE EXAMINATION 59
☐ EXAMINATION CANCELLATION 60
 61

ACCOUNTING INFORMATION
TECHNIQUE

TECHNIQUE NAMES	QUANTITY
<input type="checkbox"/> GASTRODUODENAL FIBEROSCOPY	
<input type="checkbox"/> ESOPHAGEAL EMR	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

ADDITIONS

ADDITION NAME	NUMBER OF TIMES
<input type="checkbox"/> ULTRASONIC ENDOSCOPY ADDITION	
<input type="checkbox"/> LASER IRRADIATION (500 POINTS)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

APPLIANCES

APPLIANCES NAME	AMOUNT USED
<input type="checkbox"/> ESOPHAGEAL VARIX SCLEROTHERAPY SET 23g, 160...	
<input type="checkbox"/> KODAK COLOR (35mm)	
<input type="checkbox"/>	
<input type="checkbox"/>	

EXAMINATION DRUG

DRUG NAME	AMOUNT USED	UNIT	TIME
<input type="checkbox"/> BUSCOPAN INJECTION 20mg/1ml (ml)			
<input type="checkbox"/> PHYSIOLOGICAL SALT SOLUTION INJECTION (OTSUKA) 20ml (A)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

PERFORMANCE CONTENTS CHANGE
 67
PRINT
 68
ITEM ADDITION
 69
CONDUCT COMPLETION
 70
PENDING
 71

FIG. 6

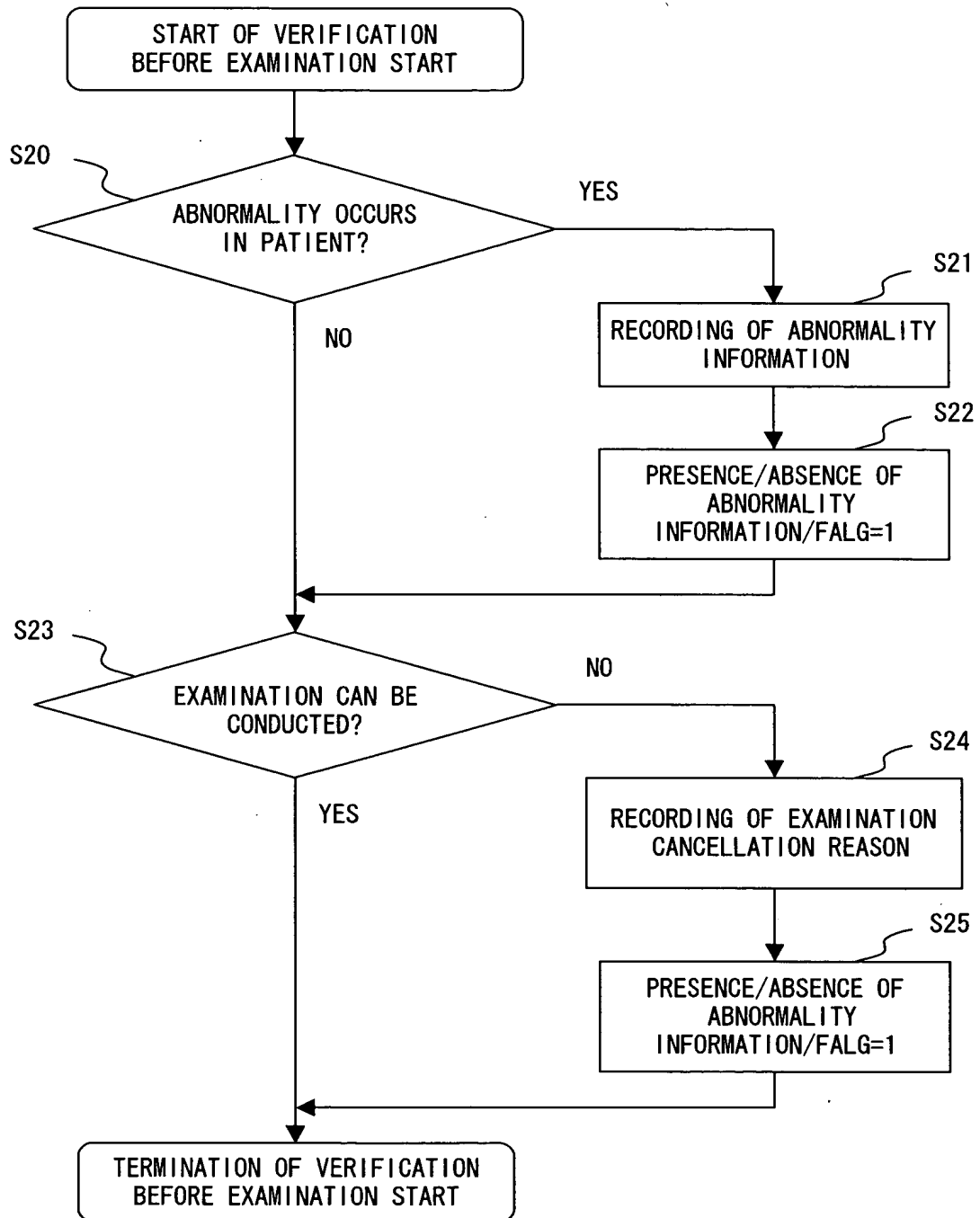


FIG. 7

PATIENT ACCEPTANCE LIST			
EXAMINATION RESERVATION TIME	PATIENT ID	PATIENT NAME	INPATIENT/OUTPATIENT DISTINCTION
8:45	01545233	OLYMPUS AAAA	OUTPATIENT
8:50	02698221	OLYMPUS TARO	OUTPATIENT
9:00	03480247	OLYMPUS BBBB	OUTPATIENT
9:05	03496002	OLYMPUS ZZZZ	8 SOUTH WARD
9:10	03495982	OLYMPUS CCCC	OUTPATIENT
9:20	03118757	OLYMPUS XXXX	OUTPATIENT
9:30	02634500	OLYMPUS DDDD	OUTPATIENT
9:40	03308006	OLYMPUS EEEE	OUTPATIENT
9:50	00347121	OLYMPUS FFFF	OUTPATIENT
10:00	03202382	OLYMPUS GGGG	OUTPATIENT
10:10	02919339	OLYMPUS HHHH	OUTPATIENT
10:15	02164667	OLYMPUS IIII	OUTPATIENT
10:30	03531903	OLYMPUS JJJJ	8 NORTH WARD
10:40	02388872	OLYMPUS YYY Y	OUTPATIENT
10:50	03529775	OLYMPUS KKKK	OUTPATIENT
10:55	03168240	OLYMPUS LLLL	14TH FLOOR WARD
11:00	02911827	OLYMPUS MMMM	8 WARD

ANESTHESIA IS DIFFICULT TO WORK.
ALLERGY OCCURS IF OO IS MEDICATED.

EXAMINATION ORDER REGISTRATION

LOGOUT LOGIN USER: OLYMPUS ICHIRO

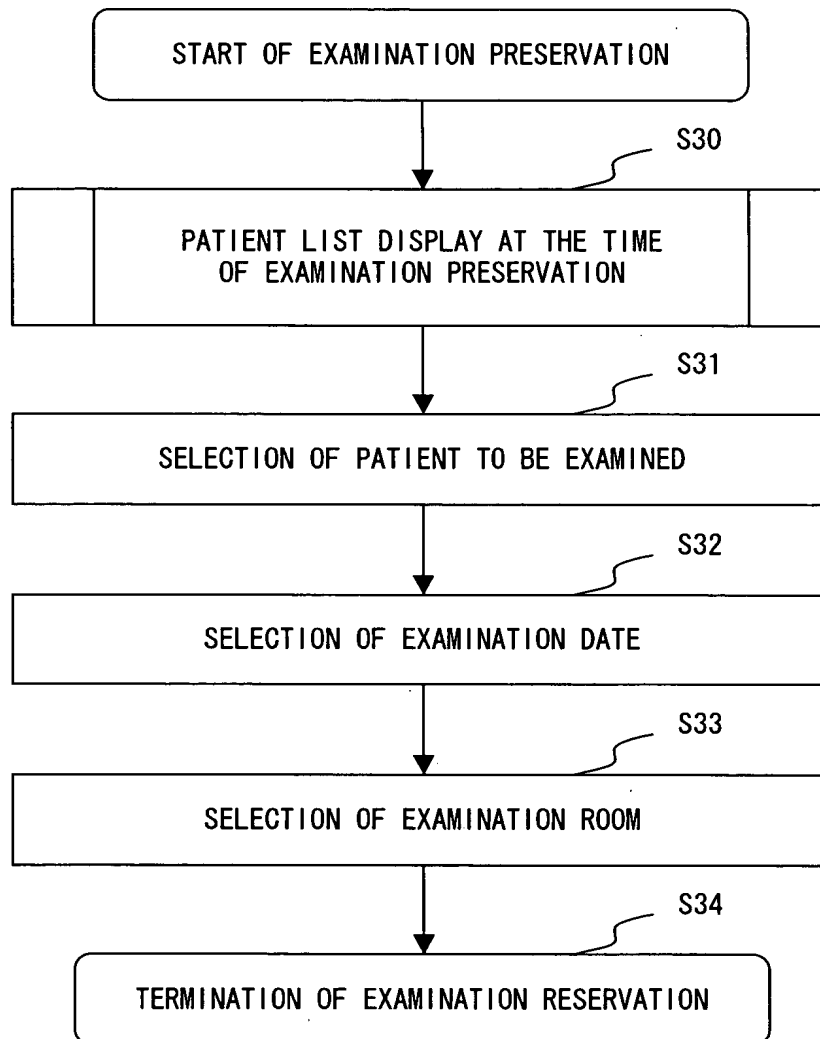


FIG. 9

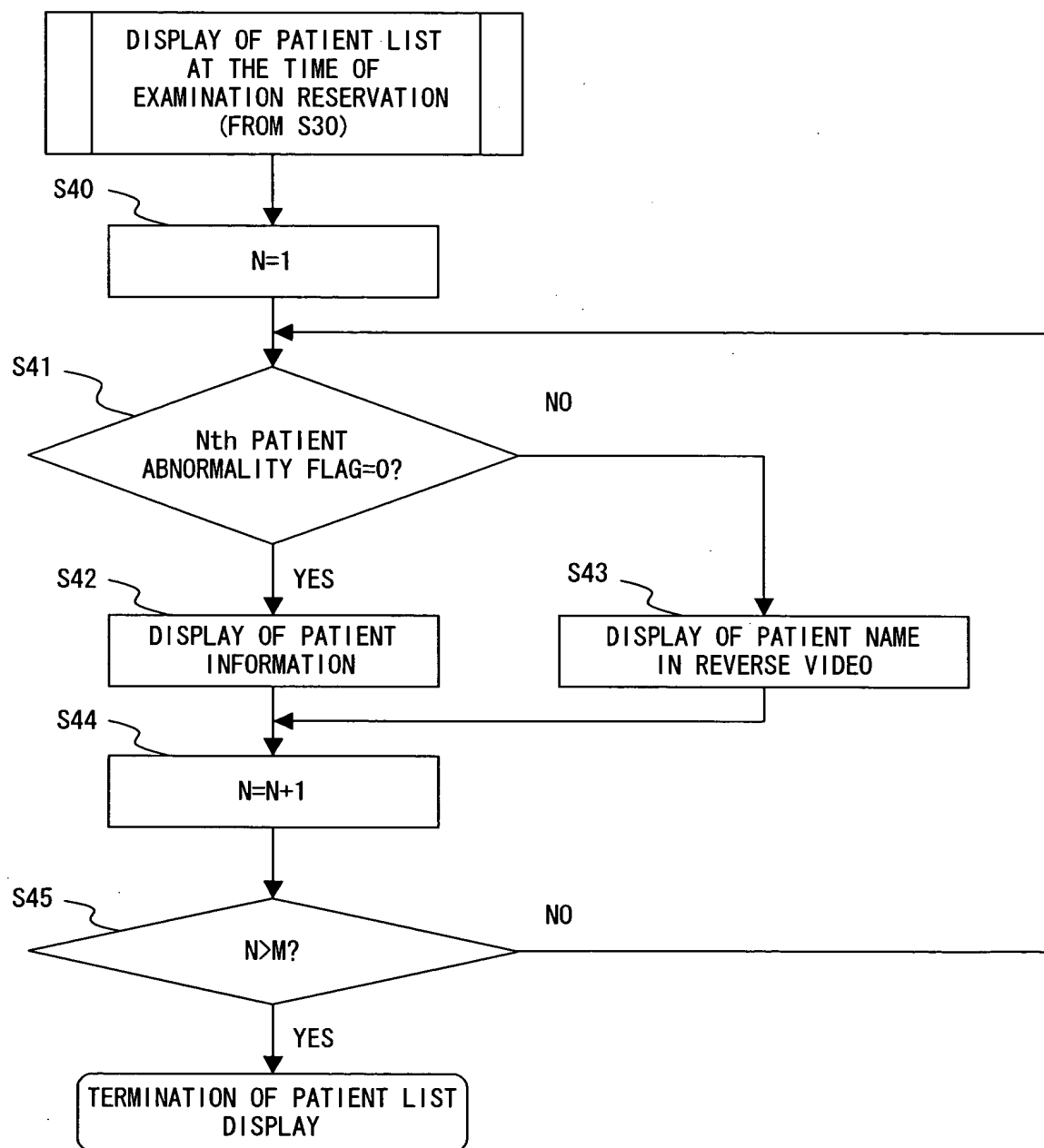


FIG. 10